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Vol. XIII.

LOUISVILLE, KY., APRIL 8, 1882.

No. 328.

# LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D., } Editors. JOHN P. MORTON & CO., Publishers.  
H. A. COTTELL, M.D., }

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# LOUISVILLE MEDICAL NEWS.

*"NEC TENUI PENNA."*

Vol. XIII.

LOUISVILLE, APRIL 8, 1882.

No. 14.

J. W. HOLLAND, A. M., M. D., . . . . . } Editors.  
H. A. COTTELL, M. D., . . . . .

## Original.

### OUR THIRTIETH YEAR.

#### ANNUAL ADDRESS BEFORE THE KENTUCKY STATE MEDICAL SOCIETY.

BY J. W. HOLLAND, M.D.,  
President.

*Gentlemen:* The auspicious opening of our present session is a matter for special congratulation, as the innovations inaugurated today have been attended with certain risks incidental to the transition period. In the development of society the tribe is first nomadic. When tents are discarded for houses of wood and stone a great advance has been made in the arts of life. From the state of dependence upon the chance favors of nature to be sought by periodical migrations, man has passed into that higher one of dependence upon his own thrift and the products of his toil.

Certain restless spirits, in whom the habit of wandering has been fixed, find it hard to reconcile themselves to the change. It brings to them no compensation for the fresh fields and pastures new. They may be heard to predict a decline in tribal strength, nay even to declare that the tribal life itself is bound up in this ancient custom.

In our migratory stage there were many delights of varied scenes and associations, many amenities of personal intercourse, which we can not forego without regret; but in taking the chief city of the Commonwealth as our abiding-place we retain some of the social features so dear in the past and so important to our future, while we certainly gain in other respects. Our household gods shall now be of easy access to all the members of the tribe, dwellers by the water or by the rail. To this commercial center they will find it convenient to repair for annual marketing; and at this point, in the good time coming, when money shall be plentiful, we may build for ourselves such a temple of science as will fitly express our aspirations.

If hereafter the Society should languish from too sedentary a life in the city, we can take to the road again at any time, like holy pilgrims, sure of a welcome because of the blessings we bring with us. For the present let us enjoy the good things about us. What better rendezvous for men of a liberal profes-

sion than the precincts of a library where they may take counsel with the wise of all ages. Our hosts of the Polytechnic Society have entertained us so close to their library that, as Elia says, "we seem to inhale learning; and, as we walk amid the foliage of their books, the odor of the old moth-scented coverings is fragrant as the first bloom of those scintillant apples which grew amid the happy orchard." When you cross its threshold you will find on both hands choice crystals displayed. On the one a cabinet of minerals delights the eye with many a gem from cave and mine; on the other, in books the thoughts of great and glorious men are crystallized in all shapes and complexions. Within the walls of an institution dedicated to the advancement of learning, under an administration public-spirited and liberal, we are invited to make ourselves at home. Under these benign influences our capacity for collecting and diffusing knowledge must grow apace, while a more compact and uniform organization than we have ever had before opens for us a new career of usefulness as a factor in public affairs.

Thirty years have passed away since the forty founders of this Society first met together. In the life of a man thirty years bring him to the maturity of his faculties. By many trials, successes, and defeats he has learned the limits of his abilities. He has seen the illusions of his youth vanish, "Fancy's gilded clouds decay, and all her glittering rainbows die away." Having measured his strength in the conflicts of life, he is more content to take the lot his experience indicates as the one for which he is fitted. At "thirty" this Society called a halt to remodel its mode of living, and at Covington, last spring, adjusted its step in unison with the march of the age. It never had an infancy. Without coddling it sprang at once into vigorous life. The preliminary convention adopted without formal deliberation a constitution so well contrived as without serious amendment to serve our purpose to the present time. The transactions of the first meeting at which scientific matters were discussed made, when published, a volume of over three hundred pages. Mere bigness alone is impressive; it means labor of accumulation, if nothing more; but this volume is so fine in quality that no one can rise from its perusal without augmented respect for the elders who in our youth wrought so well. It has been asserted by a gentlemen present, when the report of the late Prof. Henry Miller was read, that it was regarded at the time as the first public occasion in the State at which the use of anesthetics in labor was advocated. In the course of his report he gives the details of the first case of its use in Kentucky, which was in his own practice, on the 20th of February, 1848. He dwelt with so much earnestness upon the safety and

advantages of the practice, and then gave so clearly and explicitly the details of the procedure, that the prejudice against it was to a great extent dispelled, and those who came to the meeting with a dread of meddling with what was called "God's curse upon our first mother" returned to diffuse the benefits of chloroform in their own practice and to urge its adoption on others. Imagine the thrill of pleasure with which they received from this master of his art this information of a new force for their beneficent activities. Without doubt many opportunities of learning the method of its use had been offered in the medical press before that time. But to get the entire effect of a new idea, it must be imparted face to face. By this means all men in societies find that more instruction is exchanged in a few hours than by the printing and posting of dreary reports, for many months.

Who that had the good fortune to be at Danville three years ago can forget the ceremonies attending the dedication of the McDowell monument? The orator, Kentucky's great adopted son, had come a thousand miles to do honor to the memory of Dr. Ephraim McDowell. With all the agreeable incidents of that occasion fresh in memory, you will learn with still higher pleasure that at the first meeting, in 1852, Dr. Gross, as chairman of the Committee on Surgery, seized upon the opportunity to present a mass of evidence establishing beyond question the claims of Dr. McDowell to the operation of ovariotomy. Invited to Danville especially to speak for them by his old associates and pupils, who had erected the monument, and who now gathered their neighbors and their families lovingly, reverently, and eagerly to hear him, there was stimulus in the air to fire the coldest heart to speak in noble words of the noble dead. But thirty years ago Dr. Gross had shown that to inspire him to play that generous part it was enough to find out that honor had not been paid where it was due. In amassing the surprising store of surgical data embodied in his report he had not forgotten the obligation resting upon him to assign due credit to the hero of the most brilliant achievement in our surgical annals.

The historian, in constructing a curve which shall delineate the scientific work of this body, must start with a high ordinate and on the abscissa of thirty years' length find others much lower than that of the meeting at Louisville in 1852. Hereafter the published transactions shall give no indications on this head. Experience has taught us this limitation, that writers of important papers are averse to hiding their light under the bushel of the annual volume of the Society. If the message they bring is of value it is sure of a quicker and wider transmission in the pages of some of the many live periodicals to which the doctor of today turns for the newest intelligence. The living thought of the age can scarce brook a month of waiting. One of the oldest medical monthlies has recently been converted into a weekly. Flimsy paper, worn type, and bad press-work may be forgiven; but delay, never. You may neglect to "punch the holes in the breakfast waffles" if necessary, but by all means serve them hot and in quick succession. It is only a few days since the transactions of the American Medical Association for last June were delivered. No amount of permanence in the binding or neatness in the printing can atone for the somewhat stale odor of its contents. In a year the writers may have had occasion to modify opinions then perhaps tentatively expressed. No one is will-

ing to pledge himself that during the twelvemonth of tardy book-making he shall hold fast the view that looked reasonable enough when first committed to manuscript. Hereafter, good and bad shall have an early chance to prove their quality before the medical public. In a year the ephemeral shall be consigned to swift oblivion, the excellent permanently garnered into some book. Dross and metal alike shall undergo the test of the critic's crucible—the dross to be rejected and the gold, before the year is out, will have been melted down into current coin.

#### STATE MEDICINE.

From the very beginning our Society recognized as one of its objects the promotion of all measures tending to the improvement of the health and the protection of the lives of the community. Provision was made in the constitution for a standing committee on public hygiene and one on vital statistics. Soon after organization was effected an act was passed appointing a special committee to memorialize the Legislature upon the subject of registration of marriages, births, and deaths. A retrospect of the work in this direction will show how effective the Society has been in fulfilling what may be called its highest functions. It will show how widely our limitations extend when we organize the entire medical guild for the amelioration of the condition of the race by influencing social opinion and legislation. We have done or set others to do, by voicing the professional sentiment, by direct or indirect solicitation, what no other body could have done so well: we have secured the passage of laws regulating the practice of medicine, regulating the sale of medicines and poisons, providing for the registration of vital statistics, and establishing a board of health.

Each of these acts was a distinct declaration to the community that State Medicine was a branch of public business which all good citizens should foster. They have had the effect of turning popular attention to these matters, if they have not materially lessened the sum of man's pain and man's injustice.

Lest you should charge me with the vulgarity of exaggeration in boasting of these achievements, I hasten to the more profitable reckoning of their defects. It may be said with truth that all these acts are far from satisfactory in their working; that not one of them is framed exactly as we wanted; and that every year some amendment is proposed with a view to their improvement. It would appear that though the way out of this wilderness is seen by many of us, we must all confess that to see the way and to cut it are two very different things. All are agreed that the task calls more for organized industry than for oratorical thunder. A glance at our past attempts will at least show us how not to do it.

#### VITAL STATISTICS.

In his able report as chairman of the Committee of Vital Statistics, written thirty years ago, Dr. Chipley apologizes for the meagerness of his data by stating that having sought information by a circular addressed to doctors in every part of the State, he received responses from one tenth of those with whom correspondence was solicited. Last year the State Board of Health made the same appeal, with a result even less gratifying. In 1851 the Legislature, instigated by our members, especially by Dr. W. L. Sutton, our first President, provided for the registration of the particulars showing the vital movements of our population. The law requires reports from phy-

sicians and clergymen to be made to the county clerk, and to be collected and published by the auditor. So lame and impotent are the workings of this law that the statistics gathered under it are of no value. Any deductions made from them would most likely be misleading. This complaint is heard in every State that pretends to make statistical reports, doctors and preachers will not voluntarily trouble themselves with these concerns. Even when a penalty for neglect is provided in the law no attention is paid to it, as no one cares to enforce it. The laity as well as the mass of doctors are sadly ignorant of the paramount importance of registration in its judicial aspect as bearing on property-rights and its sanitary relations, as furnishing us with the only positive data for general conclusions concerning the public health.

In acknowledgment of the gravity of the situation three august scientific bodies—the National Board of Health, with the American Public Health Association, and the American Association for the Advancement of Science—have been coöperating in trying to devise an efficient method of collecting the statistics, which shall be uniform over the country. It is seen that census-returns considered apart from these are of greatly reduced significance. The national character of the questions involved makes it highly appropriate that the national bureaus should direct and make use of it; but the dual form of our government necessitates the recognition of State authority, and hence the committee to whom this matter was intrusted have reported the conclusion that it is best to use the State machinery by paying to the States one half the cost of collection, which would be at the rate of twenty-five hundred dollars per million inhabitants. Either the National Board of Health or a branch of the Census Bureau shall receive the reports, judge if the work be satisfactory, and pay only on that condition.

The thoroughgoing methods adopted by General Walker for the last Census have been universally commended. If he and Dr. Billings unite in contriving a system we may be assured that it will be as near perfect in its way as any now in use. The financial aid offered would be an additional inducement to the State governments to accept the suggestions they would make. In the event of the adoption of this scheme, it is commended to your favorable consideration both for your influence with the members of the Legislature and with the people at large, upon whom at last its success will depend.

There is no need before this enlightened audience for argument on the value of trustworthy statistics for sanitary science, nor does any intelligent law-maker require to be told that political science without them is no science at all. The greatest statesmen of modern times have openly testified that nothing is more worthy their support and their scrutiny. The subject of study is the unit, the individual, and to him we must look for the truth in all cases. Like every other law we have recommended this will depend for its execution more upon popular consent than on the zeal of officials. Our patients, and in many instances ourselves, have not been sufficiently taught on this head any more than upon the kindred topics of the value of a highly-educated medical faculty, of restriction on the sale of poisons, of carefully-planned public and private measures for the prevention of disease.

Let me bespeak your enthusiastic aids in teaching the people and their leaders how that the accurate registry of the births, marriages, and deaths is necessary, first, so as to identify individuals in suits for

property or for crime; second, so as to ascertain the workings of hygienic procedures. Bereft of them, the health-officer has no eyes to see the effects of his public acts, and without the most striking evidence to convince the ignorant or the unwilling of the value of his science. Without them the political economist can not discuss intelligently certain national and racial questions involved whenever man in the aggregate is the subject of study.

#### MEDICAL EDUCATION.

It has been repeatedly declared that the prime motive of the founders of the early medical societies was the desire to fix a standard of medical education. Previous to the organization of these bodies no public step had been taken for ascertaining the qualifications of persons calling themselves doctors, and it was hoped that in the medical society the power of affixing the stamp of professional approval would be vested. Our original constitution does not specify that a higher standard of education was one of the objects to be attained. That the members were not unmindful of it is shown in the fact that Dr. Sutton devoted a large part of his address to elaborating the thought that it is our duty to the public to use all proper means to secure to them a succession of well-instructed physicians. He tells with regret—and with an apology for the college, as if it was uncommon—an instance of a student who commenced his pupilage at the beginning of a summer-course of lectures and received his diploma the following spring. Were he in my place today, thirty years after, such a cloud of witnesses to the same abuses would clamor for reprobation that the good man, the thorough and devoted student, with his old-fashioned notions of State pride, would be eloquently silent on this head. Our historian will not find in thirty years any conspicuous exhibition of ability to elevate the standard of education by influencing the colleges of the State. Our limitations are so narrow here that we had better seek our ends by other means.

#### REGULATING PRACTICE.

As no mention was made by Dr. Sutton, in 1852, of any Kentucky statute regulating the practice of medicine, nor any comment whatever on that method of raising our standards, we must conclude that no law on that subject had ever been enacted. This Society was largely instrumental in securing the passage of the act of 1874 now in force. This act for regulating medical practice provides for its execution by examining-boards composed of five graduates for every judicial district. Only those who are not graduates are required to be examined, and therapeutics is not included among the branches in which the test of proficiency is made. It is no exaggeration to say that in all but a very few counties it is practically a dead letter.

These bills for suppressing quackery are like doctor's prescriptions—there is some meaning, though no magic, in the words. An efficient board of examiners must first play the apothecary, and then the legal prosecutor administer the bitter dose. In most of our counties the appointed apothecaries find the compounding a disagreeable job, and therefore shirk it, or the nurse takes her responsibility lightly, and so the case is left hopefully to the *vis medicatrix naturae*. The impression is left upon the public either that the case is not so bad as we represent or it is incurable. Even after information concerning an

offender is lodged with the jury charged with the duty of administering justice upon him, in many communities quackery is held in so little horror that the harm done by it is believed to be less in amount than the punishment pronounced, and hence by a social law its rigor is softened or its enforcement fails altogether.

A certain measure of success has attended the work of the Illinois Board of Examiners. They have a well-paid executive whose incantations have had an effect like those of St. Patrick when he rid Ireland of her reptiles. In 1878 eleven hundred irregular practitioners fled the State. To join, as is done in Illinois, this engrossing employment to the supervision of State sanitation is to wed an ill-matched pair. Boards of health have within their legitimate field difficulties to overcome which will tax them to the utmost for years to come.

At our last meeting Dr. J. N. McCormack offered an amendment to the act of 1874. He would require the State Board of Health to prepare a list of colleges in good standing for the use of county judges and assign to the county health-boards the task of prosecution. It is possible that the Legislature now in session may pass this amendment. In that event it may be predicted that if the county boards are without pay for this work, and are not more diligent in this business than they are in the removal of nuisances, the law will be simply a scare-crow, and one, too, of such a familiar aspect that the birds of prey are more likely to perch on it than to fear it.

A committee of the New York State Society has recently presented to their Legislature an amendment to their present law, which if enforced will go far toward accomplishing two things—raise the level of qualifications for the doctorate and suppress quackery on the part of the uneducated. It embodies an idea which has found lodgment in many brains and utterance in more than one public address. That is a separation of the teaching-body from the one which passes upon qualifications. It requires that hereafter in order to obtain a license for practicing medicine the candidate must first pass an examination before one of the several boards representing the different methods of practice, these boards to be appointed by the curators of the university. A diploma from a medical college has no weight of itself, though of course the training required to secure it will count in the answers to questions propounded. Divorced entirely from political or college control, the examiners will be free to decide each case on its merits. The schools vieing with each other for the purpose of fitting their graduates fully for the test, will feel a lift such as no other power could impart. The value of the diploma is then measured by a fixed and uniform standard to which all must come or lose in reputation and patronage. Join this plan to the Illinois one of paying an officer for directing its enforcement, and you have a scheme for regulating the practice which will commend itself to most if not all of those who without prejudice have endeavored by legislation to solve the problem.

It is susceptible of proof that the majority of the members of our Legislature are not one whit less inclined to support State Medicine in all its requirements than are the majority of the doctors. They may be excused for lukewarmness in this matter, as long as so many doctors still hold to the belief that by free trade in medicine the desired elevation of standards can best be reached. It may well be doubted if they are yet ready to delegate the powers

and appropriate the funds needed for the purpose contemplated in the Illinois statute. The fact that the board would be appointed through some non-political body, such as the trustees of the State University, would be giving away patronage in a way very distasteful to politicians.

In thirty years we have learned not to put much trust in acts of the Legislature as great moral levers. We have come to recognize the truth in this respect of Holmes's quaint saying, "Every thing is twice as large measured on a three-year-old's three-foot scale as on a thirty-year-old's six-foot scale."

The set phrase, "duty of securing to the public a succession of well-instructed physicians," is sometimes sneeringly alluded to as a euphemism intended to conceal our real motive, namely, that of a guild bent on increasing its profits by limiting competition. A scheme of protection for the medical schools and diploma-made doctors is all that can be seen in it by some who have given honest but, I think, superficial study to it.

If it be conceded that vital statistics are matters of great importance to the publicist, the law-maker, and society, then the State can not afford to ignore any of the factors by which their accuracy is imperiled. To be content with calculations based upon faulty data is to fool ourselves as egregiously as if one were to proportion masses of material requiring exact adjustment by weights and measures notoriously false. No one who has not given such intelligent thought to the matter as physicians only are competent to give can imagine to what degree the mortuary returns from every county—yea, even from this good city of Louisville—are vitiated by blunders of diagnosis. If it jumped with our present humor we might find some amusement of a rather ghastly sort in reading the causes of death as certified by persons whose ignorance appears in the queer terms they employ.

In the Report of the State Board of Health for 1879 the secretary makes the assessor or the head of the family responsible for absurdities which in more than one case ought to be laid at the door of the medical attendant. Among the unclassifiable causes of death he reported "falling of the brain," "ulcer of the brain," "nervous irritability," "bold hives," "disease of female."

Within the year the mortuary reports of Louisville have several times quoted "delicacy" as the cause of death.

No violence is done to reason in stating the conclusion that the doctor is a necessary part of the machinery to be used by the State in obtaining correct statistics. The most reliable returns are obtained by the burial certificate, which requires that before burial the medical attendant shall give in writing his report of the cause of death. It is fairly within the province of the Legislature, which enjoins this duty, to require further that the licensed doctor shall have enough technical knowledge to establish the presumption that his opinion of the cause of death will be so near the truth as to be available for practical purposes.

#### THE CODE OF ETHICS.

The first publication made by this Society in addition to its minutes was the Code of Medical Ethics adopted by the first written resolution ever presented to it. There can be no question but that it was then and has always been regarded as our Corner Stone. Its tenets embody deductions made from the conduct of the most learned, the most loved, and the most

heroic physicians of all ages. From the time when Hippocrates taught by precept and by example the superiority of ethical over personal considerations it has been the deliberate expression of our sages and heroes that no matter how well versed in the science of his day a doctor may be he is seriously lacking in the best elements of character, in the qualities that give respectability, if he be not imbued with the high principles inscribed therein. The signs of the times indicate that its continuance in its present form will be very soon a matter of question for you or your representatives. A committee of the New York State Medical Society, appointed last year to revise the Code of Ethics, reported at the recent meeting another code which they offered as being more desirable than that hitherto accepted by the societies in affiliation with the American Medical Association. It is much more concise than the former Code, and besides other less significant points of difference it contains the following rule governing consultations:

"Members may meet in consultation legally-qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

According to the law in force in New York any person is legally qualified who is registered as a practitioner and authorized to practice either by a diploma from a chartered medical school, by an examining board, or by a medical society. It was reported\* in 1874 that owing to the fact that in every county there were three boards empowered to examine and license, great abuses had arisen. The paragraph just quoted formally withdraws the prohibition of the old Code against consultations with irregular practitioners, and substitutes a permission in its place. In effect it approves of any of the members of that Society and others in affiliation therewith when they meet in professional comity persons of the class considered heretofore as outlaws, such as the legally-qualified and avowed Thompsonians, Electropsychic healers, faith-conjurors, and all the "pathists" who publish some narrow dogma as the sole rule of their practice. As if to bolster this illogical provision with the sanctions of heavenly charity, there follows a clause which intimates that certain emergencies may arise when a doctor who insists upon the reasonableness and propriety of the rule of life adopted by his guild may be open to the charge of inhumanity.

In due time we shall appoint delegates to the St. Paul meeting of the National Association, before which body this whole matter will probably be debated. Before these delegates are commissioned they should be fully advised as to the position of this Society on that question. For myself, I am free to say that a dispassionate study of the case as presented in the medical press has not enabled me to reach the conclusion of the majority of the members of the New York Society present at Albany. For a State society to take final action on this Code without conference with the National Association is for it to declare its independence and indeed its willingness to secede, with all the county societies hanging to its skirts, if affiliated societies insist on a strict reading of the law. The situation of affairs must be desperate which would justify this extraordinary action. It is to be regretted that as yet neither the committee nor the Society has thought it necessary to openly

\*State Medicine and State Medical Societies. By Stanford E. Chaillé.

justify their revolutionary course, nor to introduce this new Code to general notice by any such consideration as prompted the framers of our American declaration when they wrote "a decent respect to the opinions of mankind requires that they should declare the causes which impel them to the separation." In the absence of a formal statement it would be unbecoming in your orator to assume that such and such motives were back of it, and then to animadvert upon them.

The medical journals have given considerable space to the matter, and to them you must go if you want to inspect the seamy side as set forth in a strong though not always unfriendly light.

From the fact that the revision committee was appointed last year it would appear that discontent with the old Code is not a new feeling in that quarter. This has probably had a rapid growth under the popular agitation incidental to the circumstances attending the final illness of Lord Beaconsfield. That agitation showed how difficult it is for the laity to grasp the idea that a doctor has any moral right to consult his ethical principles in a case which to persons interested seems to have entered on an urgent phase. Our custom of answering calls at all hours, without regard to the conveniences insisted upon by other callings, has bred in the popular mind the feeling that an obligation in respect to time and personal tastes rests on the medical to a much greater degree than attaches to other pursuits. In China this sentiment has inspired an official decree to the effect that when people are sick the doctors *must* attend them when called, whether in the day or night, in fair weather or in foul. Notice is given that a physician who does not attend on the instant when called shall receive only half his fees. The sentiment itself is a credit to humanity, and when expressed as a statute binding all classes alike no complaint can be made of it. Denmark has a law providing against gross acts of omission on the part of any one who has the opportunity to help a fellow creature about to perish. It proclaims that whoever has refused to help another person in mortal danger when he could have done so without peril to his own life, and that person has perished in consequence, is liable to either imprisonment or a fine.

No moralist disputes the fact that obligation is proportionate to the opportunity for performance of deeds of humanity. Nor do doctors complain that their work affords them an unusual number of occasions where this duty can be exercised. They simply reserve the right to do their duty according to their conception of it. This conception has certain peculiarities which are evolved from the exigencies of professional life.

A slender acquaintance with the ways of the world is enough to convince any one that no human interest is so subject to imposition and fraudulent practice as that which concerns disease and drugs. As good citizens it is our special duty, growing out of special knowledge, not only to be vigilant in matters of public hygiene and forensic medicine, but further to enlighten the laity upon the immeasurable harm done by quack medicines, and to expose the pretensions of those who bring to their aid in money-getting specious devices and false pretenses. The statutes in all but a few countries are but reflexes of the general ignorance, and are so loosely framed as to permit flagrant abuses of the public confidence to go unwhipt of justice. Our Code steps in to supplement these defects, and puts the ban upon all the forms of quack-

ery and devices of trade which can be described in general terms as pernicious.

When, then, a doctor answers a summons to attend the sick, he goes with the intent to do all the good he can, with the understanding that he is the best judge of the degree and the kind of benefit that may follow his ministration. If his judgment is so important to the case as to excite indignation when withheld, then it should certainly be valid when he asserts that no good can come to the patient in a consultation with another doctor who publicly declares that he treats by a peculiar and exclusive system, or who perhaps resorts to methods which are condemned by the best men of the profession in all ages and in all lands. The life of a Premier of England is one of transcendent importance in the eyes of many millions, but to every man in this world nothing is so important as that he shall be true to himself. In the long run nothing can injure humanity more than that men should be false to their highest convictions of duty. To pretend to consult when irreconcilable differences are openly avowed is a sham, and a useless sham to boot. These convictions must be strong indeed if they can stand unmoved that sound of public scorn, the dismal universal hiss.

The medical men of England have stood the test like men who were lords themselves. When the storm was past their most dignified and conservative body, the Royal College of Physicians of London, for the benefit of the public then defined their position: "That while the college thinks it desirable not to fetter the action of the members with reference to any opinion they may adopt, it nevertheless expresses its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The college therefore expects that all its members will uphold these principles by discountenancing those who trade upon such designations."

The oft-heard charge that we persecute for opinion's sake is squarely met and refuted in the preamble, which implies that there is no body of doctrine, no orthodoxy in therapeutics, every one being free to think and prescribe as he pleases. Recognizing the fact that a doctor cultivates a science which aims not only to cure a disease but also to tell what and where the disease is and what is its probable course, it expresses the view that to announce one's self not simply as a physician but as one who limits himself to the use of certain rules in curing is a trick of trade appealing to the ignorance or prejudice of the laity, and unworthy the free spirit of science. For a doctor to make by specific designation a public claim to the possession of special and superior knowledge in curing is to take a stand toward other doctors which is, to say the least, unmannerly.

There is small hazard in the conjecture that this Society will take the stand that we wrong ourselves, and worse still, wrong society by countenancing these pretensions. Surely we shall find it one of our limitations that if we open our doors to those whose conduct has been under our reprobation for thirty years and who have expressed no intention of turning from their reprehensible courses, then the cement of mutual confidence and esteem will crumble away and disintegration sooner or later ensue. The forty gentlemen who organized this Society had in view the promotion

of the honor of the profession, and crediting them with unusual zeal in taking that first step, let us be guided by the precepts they then indorsed and fired by the examples they have since furnished us. Within the month the death of one of them prompted in me the thought that the title to the regard of posterity which Dr. Forée held in common with all healers and teachers is strengthened by the additional claim that he was one of the first in our State to urge medical association for the high aims we profess. His individual life among us has come to an end, but in the corporate life of the humane organization which he helped to establish and maintain he shall find an earthly immortality.

Other names then enrolled, of men no less deserving of praise, have been marked with the sign that denotes an eternal absence from its counsels. In the texture we weave, their many-colored threads, brought once and again into the pattern by the shuttle of time, shall give neither hue nor form again. In our annals they may have left little record to boast of, and even in their own journals little is writ of their worthiest deeds. Turn the pages of their visiting-lists, and a monotonous row of crossing lines is the only trace you will find of many acts of benevolence, of the light and the joy they brought to many thresholds. Nothing but lines to tell the story of anxious watching by the couch of pain, and the sweet repose secured by the healer's art. Nothing but lines to mark the hard-fought field which restored some regal mind to its lawful throne. Nothing but lines to stand for the dearly-prized lives turned back to us as they were about to pass the gateway that lets men out from the golden circuit of the sun.

## Correspondence.

### UNCERTAIN DURATION OF LABOR.

*Editors Louisville Medical News:*

During the latter part of February I was called to Mrs. W., supposed to be in labor with her first child. On examination I found the os patulous, thick, and scarcely admitting the end of my finger. I expressed the opinion that labor had not begun; ordered chloral and left. The next morning verified my diagnosis.

Last night Mr. A. called at about ten o'clock and informed me that his wife was in labor with her second child, requesting me to hold myself in readiness for a call before morning. At 12 o'clock, two hours later, a telephone message called me to Mrs. W. On examination I found the os about half dilated. The pains were not severe, the child high up, and so I settled down in an arm-chair for a doze. In exactly thirty minutes I was awakened by a slight cry from the woman in travail, and going at once to her side found the head born. Delivery was at once completed and before three o'clock

I had traversed nearly two miles of streets on foot (without meeting a policeman) and gone again to bed.

At twenty minutes past four I was called to Mrs. K., primipara. Found the os with great difficulty, so high was it. Could barely introduce the tip of my finger. Noticed that the pelvic canal was long and narrow, and that my patient was by no means a very young girl. Expressed the opinion that the child would be born some time during the day, and went home to lie down with my clothes on. In just one hour (six o'clock) I was called again by this case. I went somewhat unwillingly, believing the call to be certainly premature. On reaching the bedside I made an examination and found the os fully dilated, the amnion ruptured, and descent about completed. The child was born before seven o'clock.

After breakfast I made part of my morning calls and lectured from ten to eleven o'clock, after which I bethought me of my first case, Mrs. A., from whom I had heard nothing since the night before. I reached her bedside at half past eleven o'clock. She told me that she had been in hard labor all night but had hated to disturb me. On examination I found the os obliterated and the vagina filled with a large bag of amniotic fluid. Parts moist and distensible. I told her she was nearly through and sent at once for the nurse. Patient had had a severe pain just as I entered the room. I waited a half hour, during which she had no pain. Examined again and by orificial irritation produced a slight contraction, which, however, had no other effect than to slightly distend the sac. I went out in the neighborhood and saw three patients, came back in half an hour and found things in *status quo*. By irritation I caused a slight pain and tried to rupture the membranes with my finger but failed. Patient was comfortable and entirely free from pain. I went out and saw several more patients and at half past one found on returning the same state of affairs. I am now writing at 2:15 P.M. as I wait for a pain. I am reminded of a line in Tennyson's Enoch Arden:

"A shipwrecked sailor waiting for a sail;  
No sail from day to day."

At 2:30 P.M. orificial irritation of what little of the anterior lip could be felt produced a slight contraction, and I succeeded in rupturing the sac. Little or no pain followed. At 2:45 P.M. I gave half a dram of fluid extract of ergot, and by dint of urging the patient to bear down, pain or no pain,

the child was born at 3 o'clock, thanks to the roominess of the pelvis and flaccid external parts rather than to uterine effort. The placenta was at once expressed *a la Credé*, the mother and child dressed, and I close this sketch at 3:40 P.M. in my office with the belief that the *accoucheur* who fancies he can guess within a hundred miles of the hour of delivery fancies vainly.

P. S. Result: Three more candidates for the pangs of maternity in this city of beautiful women.

E. R. PALMER, M.D.

LOUISVILLE, March 18, 1882.

*Editors Louisville Medical News:*

Last Sunday morning (March 19th) I removed by aid of the knife a pessary from the vagina of a woman aged thirty. It had remained *in situ* for three years, causing much pain and trouble to the wearer. It was deeply imbedded in the vaginal tissue behind the os uteri, and around the upper extremity of the instrument firm adhesions had formed. It was a retroversion gutta-percha instrument, made after the fashion of Hodge's closed-lever pessary, with no bulb at the extremity, and too large for the patient. Abuses like this are calculated to bring into discredit a useful instrument.

C. C. CULLEN, M.D.

PLUMER'S STAT., FT. R. & FT. S. R. R., ARK.

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## Formulary.

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### THYMOL IN DIPHTHERIA.

Dr. Warren (*Le Progrès Med.*) has employed the following formula with much success in diphtheria:

|                          |                 |
|--------------------------|-----------------|
| Glycerin.....            | 70 parts;       |
| Chlorate of potash.....  | 10 parts;       |
| Brandy .....             | 250 parts;      |
| Sulphate of quinine..... | 2 to 4 parts;   |
| Thymol.....              | 30 to 50 parts; |

A dessertspoonful of this mixture may be given hourly or every two hours to children of two to five years of age. For older children the dose may be increased to a tablespoonful. It should be given as far as possible without the addition of water, as it then produces an excitant or even irritant action on the buccal mucous membrane. It may also be employed as a prophylactic remedy against diphtheria and malaria. It has also been used as a tonic with much success in cases of typhoid fever with diarrhea, but in this condition a few drops of the tincture of iron should be added to each dose.—*London Practitioner*.

SALICYLIC ACID in full doses, followed by ol. ricin. com., is said to expel tapeworm when all other remedies fail.

## GINGER BEER—AN AMERICAN RECIPE.

The following formula is given by Dr. Colange:

|                           |            |
|---------------------------|------------|
| White sugar.....          | 20 lbs.    |
| Lemon- or lime-juice..... | 18 fl. oz. |
| Honey.....                | 1 lb.      |
| Bruised ginger.....       | 22 oz.     |
| Water.....                | 18 gals.   |

Boil the ginger for half an hour in three gallons of the water, then add the sugar, the juice, and the honey with the remainder of the water, and strain the whole through a cloth. When cold, stir in the white of an egg and half an ounce of lemon; allow the whole to stand for four days, then bottle. The bottles are to be laid upon their sides in a cellar, and the beer is ready for use in about three weeks. If a little yeast be used the beer is ready for use in two or three days, but in that case does not keep well.—*Mineral Water Trade Review and Guardian.*

## MERCURIAL SALIVATION.

For the prevention of salivation Prof. Panas prescribes the following powder, with which the gums should be rubbed ten or twelve times a day during treatment by mercury:

|                                  |          |
|----------------------------------|----------|
| Powder of cinchona.....          | 3 parts; |
| Powder of rhatan.....            | 1 part;  |
| Powdered chlorate of potash..... | 1 part.  |

—*Med. Times and Gazette.*

## IODINE BATH IN SCROFULA, CHRONIC RHEUMATISM, SECONDARY SYPHILIS, AND CERTAIN SKIN-DISEASES.

|                  |                         |                |
|------------------|-------------------------|----------------|
| R. Iodi.....     | gr. ix;                 | 4.00 Gm.;      |
| Pot. iodidi..... | 3 ss;                   | 15.00 Gm.;     |
| Liq. potass..... | fl. 3 ij;               | 60.00 fl. Gm.; |
| Aqua calide..... | C. xxx;                 | 11.34 liters.  |
| Mix. Sig. Bath.— | <i>Medical Gazette.</i> |                |

## Miscellany.

THE ORIGIN OF RENAL TUBE-CASTS.—Several recent writers on renal pathology have asserted that tube-casts never escape from the convoluted tubes of the renal cortex. Assuming that all the convoluted tubes pass into Henle's loops, which are supposed to be too narrow to permit the passage of tube-casts. Hence a tendency to attach less significance to the presence of casts. In a recent lecture (British Medical Journal) Dr. George Johnson describes the various forms of casts and their diagnostic significance. It is quite certain that the great majority of tube-casts found in the urine have been formed in the convoluted tubes of the cortex. Dr. Johnson claims that the following casts undoubtedly have this origin: 1. The oily casts, the fatty infiltration being as a rule confined to the glandular epithelium of the convoluted tubes; 2. The small white-

cell casts containing leucocytes, which can have no other source than that of migration through the walls of the malpighian capillaries; 3. Blood-casts, the result of hemorrhage from the malpighian capillaries into the beginning of the convoluted tubes; 4. Those large hyaline casts which retain the convoluted form, clearly indicating the source in the tortuous tubes of the cortex; 5. The epithelial casts which contain numerous cells having all the characters of the glandular epithelium of the convoluted tubes. Such unquestionable facts are inconsistent with the theoretical anatomical assumption that no casts from the cortical portion of the kidney can escape and appear in the urine.—*J. B. M.*

DR. JOHN P. GRAY SHOT BY A LUNATIC.—The Superintendent of the State Lunatic Asylum received a shot in the face on March 16th, from a pistol in the hands of a "crank" named Remshaw. The bullet (38 caliber) entered Dr. Gray's face just six eighths of an inch below the outer angle of the left eye, passed five and three eighths inches through the face, back of the nose, and out through the right cheek, two and one eighth inches below the outer angle of the right eye, passing through the window-casing, which was about five feet from where the doctor sat.

On hearing the man approach his door Dr. Gray looked up. This movement, which has been a habit with the doctor ever since his connection with the asylum, was doubtless the means of saving his life, as otherwise the bullet would have crashed through his brain.

The assassin was not an inmate of the asylum, but had been employed in the Turkish-bath rooms of Utica. For the past eighteen months he has believed himself to be an ambassador sent from heaven to shoot Dr. Gray.

Dr. Gray is doing well, notwithstanding the severity of the wound, and will doubtless make a good recovery.

AN ACT TO REGULATE THE PRACTICE OF MEDICINE IS BEFORE THE LEGISLATURE OF VIRGINIA.

AN ACT TO REGULATE THE REGULAR PRACTITIONERS OF MEDICINE IS LIKELY SOON TO BE IN ORDER IN NEW YORK.

AS WE GO TO PRESS THE STATE SOCIETY IS ENGAGED WITH ITS SECOND SESSION. THE ATTENDANCE IS LARGE AND THE MEMBERS ARE DOING GOOD WORK. A REPORT OF THE TRANSACTIONS WILL BE GIVEN IN OUR NEXT ISSUE.

**THE ACTION OF CALOMEL ON FERMENTATION.**—Calomel has always been held in high estimation in certain disorders of the bowels. Our knowledge in regard to its action is meager. Dr. N. P. Wassilieff (*Zeitsch. für Physiol. Chemie.*) details an interesting series of experiments which throw light on the subject. Calomel was added to the fluid obtained by acting on albumen with gastric juice; and to that obtained by acting on albumen with pancreatic juice, peptones in the first case, and leucin and tyrosin appearing in the other, as usual proving that calomel had not interfered with the albumen digesting ferments in both these fluids. Calomel prevented the formation of secondary products, such as indol and phenol. Neither hydrogen nor sulphuretted hydrogen was formed.

The author also finds that calomel has no modifying effect on the fat digesting and amylolytic ferment of the pancreas, but it entirely prevents secondary changes, such as the butyric-acid fermentation and putrefactive processes. From his experiments the author concludes that calomel does not interfere at all with the action of the formed or organized ferments, but entirely prevents the action of the unformed or unorganized ferments.—*J. B. M.*

**DO PET ANIMALS COMMUNICATE CONTAGIOUS DISEASES.**—Dr. Wm. Bunce, of Oberlin, O., sends us a report of the following cases in support of the theory that pet animals may be the means of spreading fatal diseases. On May 1, 1881, he was called to see a boy four years old, of German parentage, and one of six children. He was found to have diphtheria. On the following day the youngest daughter, two years of age, presented symptoms of the same disease, and on the next day the father and two more children were attacked. After this all the other members of the family, except the oldest boy contracted the disease. A thorough examination of the house elicited no source of contagion, but in the barn a cat was found having the characteristic lesions of diphtheria. On inquiry, he ascertained that this cat during its period of sickness had been played with by the children. On August 20, 1881, he saw, with his son, Dr. W. C. Bunce, a lady, eighteen years old, who had diphtheria of a very severe type, which terminated fatally on the third day. In a short time the disease developed in the mother and remaining two daughters. A half-grown cat in the room was found to have well-marked

diphtheritic membrane in its throat. It was also ascertained that its mother and her four other kittens had been in the same condition. The girls had endeavored to cure the cats by removing the deposit, in this way exposing themselves to the contagious influence of the disease. After the recovery of these cases, and the removal of the diseased animals, the spread of the disease ceased. He thinks it fair, therefore, to conclude that the diseased condition of the cats was the cause of the diphtheritic manifestations in the cases reported. Mention is made of these cases as they are of importance in the consideration of comparative medicine.—*Medical Record.*

**LUPUS, TREATMENT.**—Dr. J. V. Shoemaker (Med. Bulletin) advises the following: If the patient will bear the use of cod-liver oil internally, give two teaspoonfuls with five drops of dilute phosphoric acid three times daily, as the first step in your treatment. If the above combination can not be borne, give a teaspoonful of the mixture or syrup of the phosphates, with  $\frac{1}{16}$  of a grain of sulphate of strychnia, three times daily. After placing the patient upon this treatment, take a scraper and scrape the surface freely, after which apply with a piece of absorbent cotton the ethylate of soda thoroughly. This preparation I have applied on many cases at the American Hospital for Skin-diseases in this city, with very satisfactory results.

**RESIGNATION OF PROFESSOR GROSS.**—On the 27th ultimo Prof. Samuel D. Gross tendered to the trustees of the Jefferson Medical College his resignation of the professorship of Surgery which he has held in that institution for twenty-six years.

Dr. Gross is seventy-seven years of age, and, although still in the enjoyment of vigorous health, recognizes the wisdom of lightening his labors with advancing years.

The chair of Surgery in Jefferson Medical College will probably be divided between Drs. Jno. H. Brinton and Samuel W. Gross.

**ANOTHER SUCCESSFUL GASTROTOMY** was recently performed by Prof. Albert, of Vienna, upon a boy, aged eleven, who suffered from stricture of the esophagus brought on by swallowing caustic potash. The case was exhibited before the Society of Physicians in Vienna.

**THE LATE PROF. PIROGOFF** died of epithelial cancer, which perforated the hard palate.

**CRIMINAL LUNATICS.**—Dr. August Voison, the distinguished alienist physician of Paris, in a recent address suggests the following changes be made in the law governing lunatics. (These rules would be an improvement on the law in this country):

1. Every individual who, having committed an offense or crime, shall be found to be insane can only leave the public or private asylum after a medico-legal inquiry ordered by the judicial authority. *In all cases he will be detained in the asylum for a time at least equal to the penal detention to which he was condemned.*
2. Every individual who has been confined in a lunatic asylum may in case of relapse be received into the same asylum on a physician's certificate, indorsed by the mayor or proper judicial officer.—*J. B. M.*

**IODINE IN ACUTE MALARIA.**—Dr. Rob't B. Morison reports the result of using iodine for acute malaria at the University of Maryland Dispensary. Fifteen minimis were given thrice daily in a mixture largely diluted. It was given in two hundred and fifty cases, of whom one hundred were heard from a second or third or more times. Of these, eighty-four are upon record as cured, two cases not cured, and fourteen not cured by iodine or the cinchonidia mixture of the dispensary.

—*New York Med. Record.*

DR. R. SCHMITZ (*Lancet*) stated that after attacks of diarrhea in diabetes he always finds marked diminution or even total disappearance of sugar from the urine. He thinks the best treatment is a diet practically free from sugar and starchy ingredients. He suggests that the variations in the quantity and quality of the pancreatic juice constitute a sufficient explanation of the great difference in immunity toward starchy foods as seen among different patients.—*J. B. M.*

DR. W. O. ROBERTS has been elected to the chair of Operative Surgery and Surgical Pathology in the Medical Department of the University of Louisville.

A CASE of successful vaccination upon a subject well marked by a severe attack of smallpox of thirty years ago is reported by the Missouri Valley Med. Journal.

DR. REUBEN A. VANCE, of Cincinnati, O., has been appointed Professor of Clinical Surgery in the University of Wooster.

### Selections.

**Iodoform in Gynecological Practice.**—Dr. F. P. Foster, editor of the New York Med. Journal and Obstet. Review, publishes in the March number of that journal some clinical notes on the use of iodoform in gynecological practice, especially in pelvic peritonitis and cellulitis of a chronic form. The cases are classified according to the abnormalities ascertained to be present: 1. Cases in which inflammatory action was supposed to exist, or to have existed, but in which the uterus was freely movable without pain; 2. Cases in which the mobility of the uterus was but slightly if at all impaired, but in which motion of the organ was painful; 3. Impaired mobility of the uterus, with little or no pain on moving it; 4. Mobility of the uterus decidedly impaired, with pain on moving it; 5. Uterus nearly or quite immovable, with little or no pain on attempting to move it; 6. Uterus nearly or quite fixed, with decided pain on attempting to move it; 7. Cases of palpable inflammatory deposit.

The most prompt and satisfactory results were obtained in the last group of cases—those of palpable pelvic exudation. Such cases, however, do better, according to the author's experience, under the more usual methods of treatment than those in which the exudation is not capable of detection by palpation, but is inferred to be present from conditions that can scarcely be explained on any other theory. But, while such is the case, it is quite as true, he remarks, that we now and then meet with bulky exudations that prove utterly rebellious to treatment. A good deal depends, no doubt, upon whether the deposit is of recent or of remote formation; and this question it is not always easy to settle in the cases of patients of whose past history we know nothing beyond what we may be able to elicit by questioning them.

Taking seven groups together, it seems to him that the patients progressed more satisfactorily, on the whole, than they would have done without the use of iodoform. It is true, he adds, that in a great majority of them the use of vaginal injections of hot water was prescribed, but it is no less a moral certainty that in many instances they were neglected by the patients. Their proper use being assured, he would esteem the three great remedies for chronic extra-uterine pelvic inflammation in the following order: 1. Hot water; 2. Iodoform; 3. Galvanism. As to the best method of using iodoform in such cases, his preference is for its application to the upper part of the vagina, and his practice is to tampon the whole vaginal canal with wicking. This prevents the application from being washed away with the discharge, and the tampon is often of great service by its mechanical action—stabilizing the uterus, sometimes exerting a gentle, even distension upon the deposit, and perhaps inducing muscular contraction. These tampons are almost always borne without pain or discomfort, and, from the fact that iodoform is an antiseptic, they may be retained for several days. His custom is, however, to direct their removal at the end of thirty-six hours. Not the least of their merits is that they effectually shut in the abominable odor of the drug. Used in this way, he has never known iodoform to betray the patient by its odor, although its taste is sometimes complained of immediately, showing that the substance occasionally makes its way into the uterine canal, or else is absorbed by the vagina more promptly than we are accustomed to expect in the case of

medicaments introduced into that passage. For occasional use, as an anodyne; in acute cases, in which the patients are not likely to be asked embarrassing questions by strangers, and in which, as well as in cases of vulvar hyperesthesia, it is an object to avoid meddling with the genital canal; also with patients who can not have continuous treatment by the physician himself, the employment of rectal suppositories is a valuable resource.

**Micrococcus of Trachoma.**—Sattler confirms the gonorrhreal micrococci found by Neisser, also for trachoma; only here they are somewhat smaller than in gonorrhreal conjunctivitis. The location of these micrococci is in the trachomatous bodies. The contents of such a body brought into contact with the healthy conjunctiva of man excites it in trachoma. Sattler was able to obtain from trachomatous bodies pure cultures of micrococci, that placed upon the healthy human conjunctiva excited trachoma in it, which appeared at first as a slight follicular conjunctivitis, but which gradually increased into trachoma. Along with the increase in size and multiplication of the parasites occurred infarction of the lymph vessels through the lymphoid elements found in conjunctiva. This natural injection of the lymph channels Sattler explains by increased pressure in the conjunctival connective tissue, as the result of connective-tissue growth.

The further changes in the trachomatous bodies consist in growth of the walls of the vessels, which are finally obliterated, and in the production of connective tissue partly from the vessel-walls, partly from the connective-tissue capsule of the trachomatous body.

Blennorhea neonatorum can under certain circumstances be produced by the secretion from a simple catarrh. Since, however, blennorhea neonatorum carried to other conjunctiva can likewise excite trachoma, we can explain the appearance of trachoma in places where no trachoma had been found. We probably simply have to do with a gradual acclimatization of the micro-organisms transferred to another soil. —Heidelberg Ophthalmological Society; W. W. Seely, M.D., in *Cin. Lancet and Clinic*.

**Tricuspid Incompetency.**—At the London Pathological Society, February 7th, Dr. Bedford Fenwick showed a specimen of tricuspid incompetency secondary to mitral stenosis, from a married female, aged forty-nine, who died last year in the London Hospital. The main clinical symptoms were intense orthopnea, palpitation, edema, and cyanosis. The jugular veins were much distended. There was a soft systolic murmur at the ensiform cartilage, and a rough diastolic murmur down the sternum. The heart's impulse was very feeble and diffused. Notes taken some months previously showed that there then existed a rough presystolic murmur and thrill at the apex, with heaving powerful cardiac action. Upon post mortem the right auricle and ventricle were much dilated, the mitral orifice contracted, the tricuspid much dilated, the circumference of the former being one inch and three quarters, of the latter five inches and seven eighths. The pulmonary and aortic valves were healthy. He then briefly summarized the facts of all the recorded cases of primary tricuspid incompetence he had been able to find (fifteen in number), the average ages being, males 51 years, females 47.4 years; contrasting markedly with those figures in tricuspid stenosis, where the average ages at death were—males 36.4

years, females, 31 years. It certainly seemed as if the patients with incompetency died at a later age than those in whom stenosis existed. As to sex, eight of the cases were males and seven females. In tricuspid stenosis he showed that of sixty-one cases, fifty-five were females and only six males. As to the state of the valves, in every male case incompetency resulted from puckering and shrinking from old disease; but in three out of the seven female cases the valves were adherent to the ventricular walls, and in only four had puckering of the valves' structures caused their insufficiency. It was quite certain, then, that valve adhesions chiefly occurred in women.

Briefly criticizing the French and German theories of stenosis and incompetency, Dr. Fenwick advanced a new hypothesis—that they resulted from a purely mechanical cause, the amount and extent of valve separation and movement while inflammatory endocarditis of the valve edges was going on. If little separation, union of the apposed edges would take place; if much movement, this would be prevented. As in women the back pressure was naturally less than in men, stenosis would therefore be more common in them, and, for the opposite reason, incompetency in men. He claimed that the hypothesis was simple and rational, because it explained all the phenomena, and that, if true, its practical importance as to treatment would be considerable.—*Med. Times and Gazette*.

**Multiple Cerebro-spinal Sclerosis.**—On February 27th, before the Academy of Medicine, Dr. Whittaker reported the following case:

A professional gentleman, about thirty-five years of age, otherwise in robust health, was attacked with tremors about two years ago. No cause could be assigned for them; the man had been of regular habits and gave no history of syphilis. Nothing more could be learned than that he had been attacked by robbers some years ago and had received a blow on the head, but he recovered from it without any lesions. The tremors were first observed in his gait so as to excite the suspicion that he had been drinking. Gradually they invaded the upper extremities so that he was unable to write, then the head began to oscillate and finally the tremors became general—the whole period of the symptoms covering about one year from the first onset of the disease. The tremors occurred only after muscular efforts and then became uncontrollable. There was no defect of vision, no nystagmus.

On account of the rarity and importance in a diagnostic point of view the speaker presented the patient to the class. When questions were put to him he answered by dividing his words into syllables—in a scanning measure. Some of the students recognized the case at once as one of multiple cerebro-spinal sclerosis, though one student quite naturally took it for chorea. The diagnosis is to be made between these two diseases and paralysis agitans, which is not very difficult. In sclerosis of the brain and cord the tremors are in the line of muscular action, while in chorea they are irregular and in every direction. In paralysis agitans the tremors are constant, while in sclerosis they occur only during muscular efforts. Moreover paralysis agitans generally occurs late in life, between fifty and sixty, while sclerosis belongs to adult life, between twenty and forty. The cause as well as pathology is obscure. All we know is that sclerotic patches are found in the brain or cord or both, varying in size from a pin's head to a dime or even a quarter of a dollar. The disease depends on

or is a chronic inflammation, but what induces it is not definitely known. An excuse for our want of more accurate knowledge of these conditions is the fact that this subject has been but recently studied, more particularly by the French and Germans. The prognosis as well as treatment is unfavorable. Nothing controls it except the constant current, chloride of barium, or nitrate of silver, and then the effect is only temporary.—*Cin. Lancet and Clinic.*

**Waller and De Watteville on the Electrotonus of Human Nerves.**—The results obtained by these observers, after a long and patient investigation, are embodied in a memoir communicated to the Royal Society by Prof. Burdon Sanderson, and of which an abstract was read at the last meeting. Many experiments have been made in Germany during the last fifteen years, with a view to demonstrate on living human nerve the phenomena so well known since Pflüger's classical researches. Owing to imperfect methods, however, the results had been as scanty as conflicting. Drs. Waller and De Watteville have succeeded, however, in demonstrating most clearly that the same alterations of irritability which are observed in the excised frog's nerve, both during and after the passage of a galvanic current, occur in the living nerve. Some of these alterations seem indeed to be far more marked in the latter than in the former; and the perfected methods they employed gave remarkably clear and uniform results. They tested the irritability of the polarized nerves, not only by means of galvanic and faradaic stimuli, but mechanical stimuli, also a novel and important feature in their experiments. The consideration of the numerous sources of fallacy to which experiments on the human body are exposed led them to investigate a number of collateral phenomena of interest. Whether any immediate application of their results to electro-diagnosis and therapeutics is possible remains to be seen, but in the meanwhile we are glad to observe that their memoir is the first contribution ever made in England to the cause of scientific electro-therapeutics.—*Med. Press and Circular.*

**Treatment of Uremia in Children by Pilocarpin.**—From the study of eleven cases, all treated by muriate of pilocarpin, Dr. Praetorius, of Mayence, arrives at the following conclusions: The action of the alkaloid of jaborandi on children may be recognized by active carotid pulsation, reddening of the face, and profuse perspiration, which begins on the forehead, upper lip, and chin, and gradually extends over the whole body. These symptoms appear about three to five minutes after hypodermic administration of the drug. Accompanying the diaphoresis a profuse salivary secretion is observable. In infants the sialagogue action is the more reliable of the two. The temperature is affected only in so far as the evaporation from the sweating cutaneous surface produces a slight secondary lowering. The single dose of the drug is  $\frac{1}{2}$  to  $\frac{1}{4}$  of a grain (0.002-0.02 Gm.). The children, as a rule, complain of severe nausea, and vomiting is frequent. Conditions of slight collapse are sometimes noticeable.

The following *résumé* of inferences is appended to the paper:

1. The treatment of uremia by hypodermic use of pilocarpin gives satisfactory results. It appears advisable to resort to this plan of treatment as soon as headache, an irregular pulse, and vomiting point to the probability of renal complications.

2. The contra-indications for its employment are, the presence of grave complications, abnormal weakness, collapse, or general cutaneous dropsy.

3. It appears that in "glomerular" nephritis pilocarpin fails to produce a beneficial effect; but as this variety of Bright's disease can not be differentiated from other forms by our present method of examination, this condition can not of course be classed with the contra-indications.

4. In addition to the diaphoretic action of the muriate of pilocarpin, a direct influence on the renal secretions appears to exist.—*Jahrb. für Kinderheilkunde; Lond. Pract.*

**Rheumatismal Pott's Disease.**—Prof. Potain (*Jour. de Med. Pratique*) indicates a variety of Pott's disease, described in a thesis by M. Pouliot under the name of rheumatismal spinal disease, which admits of a more favorable prognosis than other varieties of the affection. The predisposition is produced by the arthritic diathesis, the spinal localization being induced by cold or violent efforts expended especially on vertebral articulations. Pains first occur in the spinal column, accompanied by irradiations, tingling, and convulsive movements of the limbs; then deformity of the spinal column is observed, consisting generally in anterior curvature, other rheumatic symptoms also occurring at the same time or alternately with the spinal symptoms. Paraplegia comes on gradually, but its progress is very slow, and abscess by congestion is exceptional. Resorted to in time, treatment may be followed by excellent results, and consists chiefly in powerful revulsives, especially the actual cautery, accompanied by immobilization.—*Medical Times and Gazette.*

**Treatment of Acute Pneumonia.**—Surgeon Deakey (Indian Med. Gazette) states that pneumonia occurring in the natives of India is very frequently of an asthenic and often of a latent type. It is particularly intractable to treatment. He has therefore been led to employ belladonna in such cases, and has been much impressed by the good results which have attended upon its use. Surgeon Deakey attaches much importance to full and regular action of the bowels while the belladonna is being administered, and to insure this he gives magnesium sulphate in addition to potassium bromide or iodide. The combination of iron with belladonna also tends to induce a proper action of the bowels. If there is much muco-purulent expectoration it is advisable to give an ipecacuanha emetic before commencing the belladonna treatment.—*Lond. Pract.*

**Uterine Hydatids in Virgins.**—A question of considerable interest was lately discussed before the Dublin Obstetrical Society, to wit: Whether a woman could expel uterine hydatids—in other words, be liable to "molar pregnancy"—without sexual connection. Dr. Moore Madden maintained this to be possible. He thinks the unimpregnated ovule may be arrested in its passage through the uterus, and there undergo a vesicular degeneration or other form of abnormal development. The president, Dr. John A. Byrne, dissented, believing that vesicular moles had not been observed in virgins. He granted, however, that substances not unlike these are occasionally expelled from the virgin uterus. These are not true vesicular chorionic degenerations, as this is always a product of conception.—*New England Medical Monthly.*





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